### **Employment Application**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | | | | | | | | | |
| Last Name | | |  | | | | First | |  | | | | | | M.I. | | Date | |  | |
| Street Address | | | |  | | | | | | | | | | | Apartment/Unit # | | | |  | |
| City |  | | | | | | State | |  | | | | | | ZIP |  | | | | |
| How long have you been at this address? | | | | | | | | | | | | | | | |  | | | | |
| Phone |  | | | | | |  | | | |  | | | | | | | | | |
| Email |  | | | | | | | | | | Date of Birth | | | | | | | | | |
| Date Available | | | | | | | | |  | | | | | Desired Salary | | |  | | | |
| District Applying for | | | | | | | | | | | | | | | | | | | | |
| Are you a citizen of the United States? | | | | | YES | NO | | | If no, are you authorized to work in the U.S.? | | | | | | | | | YES | | NO |
| Have you ever worked for this company? | | | | | YES | NO | | | If so, when? | | |  | | | | | | | | |
| Have you ever been convicted of a felony? | | | | | YES | NO | | | If yes, explain | | |  | | | | | | | | |
| Previous 3 years residency (Attach sheet if more space is needed) | | | | | | | | | | | | | | | | | | | | |
| Street Address | | | | | | | | | | | | | | | Apartment/Unit# | | | | | |
| City | | | | | State | | | ZIP | | | | | | | # Years | | | | | |
| Street Address | | | | | | | | | | | | | | | Apartment/Unit# | | | | | |
| City | | | | | State | | | ZIP | | | | | | | # Years | | | | | |
| Street Address | | | | | | | | | | | | | | | Apartment/Unit# | | | | | |
| City | | | | | State | | | ZIP | | | | | | | # Years | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | |
| High School | | | | | | Address | | |  | | | | | | | | | | | |
| College | |  | | | | Address | | |  | | | | | | | | | | | |
| Other | |  | | | | Address | | |  | | | | | | | | | | | |
| References *Please list three professional references.* | | | | | | | | | | | | | | | | | | | | |
| Full Name | | |  | | | | | | | Relationship | | | | | | | | | | |
| Company | | |  | | | | | | | Phone | | | ( ) | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | |
| Full Name | | |  | | | | | | | Relationship | | | | | | | | | | |
| Company | | |  | | | | | | | Phone | | | ( ) | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | |
| Full Name | | |  | | | | | | | Relationship | | | | | | | | | | |
| Company | | |  | | | | | | | Phone | | | ( ) | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Previous 3 years Employment (attach sheet if more space is needed) | | | | | | | | | | | | | | | | | | | | | | |
| Last Employer |  | | | | | | | Phone | | ( ) | | | | | | | | | | | | |
| Address |  | | | | | | | City | |  | | | | State | | | | | | | ZIP | |
| Job Title |  | | | | Salary $ | | | | | From To | | | | | | | | | | | | |
| Responsibilities | |  | | | | | | | | | | | | | | | | | | | | |
| Reason for Leaving | | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | YES NO | | | | | | | | | | | | | | | |
| Any gaps in employment/unemployment must be explained. Include Dates (month/year) and Reason | | | | | | | | | | | | | | | | | | | | | | |
| Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs)?  while employed by this previous employer? | | | | | | | | | | | YES  NO | | | | | | | | | | | |
| Was the previous job position designated as a safety sensitive function in any DOT regulated mode?  subject to alcohol and control substances testing requirements as required by 49 CFR Part 40? | | | | | | | | | | | | | | | | | YES  NO | | | | | |
| Second Last Employer |  | | | | | | | Phone | | ( ) | | | | | | | | | | | | |
| Address |  | | | | | | | City | |  | | | | State | | | | | | | ZIP | |
| Job Title |  | | | | Salary $ | | | | | From To | | | | | | | | | | | | |
| Responsibilities | |  | | | | | | | | | | | | | | | | | | | | |
| Reason for Leaving | | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | YES | | NO | | | | | | | | | | | | | |
| Any gaps in employment/unemployment must be explained. Include Dates (month/year) and Reason | | | | | | | | | | | | | | | | | | | | | | |
| Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs)?  while employed by this previous employer? | | | | | | | | | | | YES  NO | | | | | | | | | | | |
| Was the previous job position designated as a safety sensitive function in any DOT regulated mode?  subject to alcohol and control substances testing requirements as required by 49 CFR Part 40? | | | | | | | | | | | | | | | | | | | | YES  NO | | |
| Third Last  Employer | | | | | | | | Phone ( ) | | | | | | | | | | | | | | |
| Address | | | | | | | | City | | | | | | | State | | | | | | | ZIP |
| Job Title | | | | | | Salary | | | | From To | | | | | | | | | | | | |
| Responsibilities | | | | | | | | | | | | | | | | | | | | | | |
| Reason for Leaving | | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? YES  NO | | | | | | | | | | | | | | | | | | | | | | |
| Any gaps in employment/unemployment must be explained. Include Dates (month/year) and Reason | | | | | | | | | | | | | | | | | | | | | | |
| Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs)  while employed by this previous employer? | | | | | | | | | | | | | YES  NO | | | | | | | | | |
| Was the previous job position designated as a safety sensitive function in any DOT regulated mode?  subject to alcohol and control substances testing requirements as required by 49 CFR Part 40? | | | | | | | | | | | | | | | | | | | | YES  NO | | |
| Military Service | | | | | | | | | | | | | | | | | | | | | | |
| Branch of Military |  | | | | | | | | | From | |  | | | | To | |  | | | | |
| Rank at Discharge | | |  | | | | | | | Type of Discharge | | | | | | | | |  | | | |
| If other than honorable, explain | | | |  | | | | | | | | | | | | | | | | | | |
| Emergency Contact | | | | | | | | | | | | | | | | | | | | | | |
| Name |  | | | | | | | | | Relationship | | | | | | | |  | | | | |
| Primary Phone | | |  | | | | | | | Secondary Phone | | | | | | | | |  | | | |
| Other Emergency Contact | | | |  | | | | | | | | | | | | | | | | | | |
| Disclaimer and Signature | | | | | | | | | | | | | | | | | | | | | | |
| I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.  This certifies that I completed this application, and that all entries on it are true and complete to the best of my knowledge. | | | | | | | | | | | | | | | | | | | | | | |
| Signature |  | | | | | | | | | | | Date | | | |  | | | | | | |

|  |
| --- |
| **Do you have a Valid Driver’s License? YES  NO** |
| **If NO, please stop here.** |
| **If YES, please continue to the next page.** |

**DISCLOSURE REGARDING BACKGROUND CHECK INVESTIGATION AND/OR MOTOR VEHICLE RECORD**

The “Company” may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your criminal history, social security number validation, motor vehicle records, verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Compu-FACT Research, Inc. (CompuFACT) 1236 Jungermann Rd., Ste H1, St. Peters, MO 63376, (888) 258-0216, or another outside organization. The scope of this disclosure and authorization is all-encompassing, however, allowing Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**ACKNOWLEDGEMENT AND AUTHORIZATION,**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGTION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” at any time after receipt of this authorization and, if I’m hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested, by Compu-FACT Research, Inc. or another outside organization. I agree that a facsimile (“fax”), electronic or photocopy of this Authorization shall be as valid as the original.

**New York & Maine applicants or employees only**: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

**Minnesota or Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of any consumer report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under state law**.**

**California applicants or employees only:** Under section 1786.22 of the California Civil Code, you may view the file maintained on you by CompuFACT during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at Compu-FACT’s offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. Compu-FACT has trained personnel available to explain your file to you, including any coded information. If you appear in person you may be accompanied by one other person, provided that person furnishes proper identification. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

|  |
| --- |
|  |
| **Applicant’s Name: First Middle Last** |
|  |
| **Other Names(s) Used: First Middle Last Dates You Stopped Using Other Name(s)** |
|  |
| **Current Address: City State Zip Code** |
|  |
| **Previous Address: City State Zip Code** |
|  |
| **Previous Address: City State Zip Code** |
|  |
| **Social Security Number Date of Birth Driver’s License Number State Issued Texas** |
|  |
| **Signature Today’s Date** |